WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

V. S. No. 1

1					0.0000
PLACE	OF DEATH .			STATE OF N	MARYLAND
County M	come		(8)	CERTIFICATE	OF DEATH
*	***************************************				222
MIANIE AGS	0.01	0 6	1	Registration I	Dist. No.
Village or City_) alisony (No.	Self	ayen	St.: 5 Ward)	(If death occurred a hospitel or instit
	(St. D. Land)	00	6/2 1.		tion, give its NAME i
2FULL	NAME XIII VOUG	a	range of the same	•••••	number.)
PERSONA	L AND STATISTICAL PARTICE	ULARS	MEDIC	AL CERTIFICATE O	F DEATH
3 SEX	4 COLOR OR RACE 5 SINGLE,		16 DATE OF DEATH	1	/
2 .1.	WIDOWED, OR DIVORCED	Jugh	***************************************	(fun	, 192
man	(Write the word	5	*****************************	(Month)	(Day) (Year)
DATE OF BIRTH	1		17 I HEREBY	CERTIFY, That I atte	nded the deceased from
	(June	1932	Jenu !	192 to 1	192
	(Month) (Day)	(Year)	that I last saw h	alive on	, 192
AGE		If LESS than	and that death occur	red on the date stated	above, atr
	1 1 1	I day hrs.	The CAUSE OF DEAT	-A - 1 / / /	
******	U yrs. U mos. U ds	or O min.?		allova	
8 OCCUPATION	anian as		0		
(a) Trade, profe				00 0 T 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	00+000000+00+0000000000000000000000000
(b) General natu	are of industry			**************************************	000000000000000000000000000000000000000
business, or esta which employed				(Duration)	_yrs mosd
BIRTHPLACE			Contributory 1	unatur	5ul
(State or count	TY) (Mary and		Secondary V	9	i
I 10 NAME OF	0 00		1	(Duration)	
FATHER	(Wilescan	lum	(Signed)	1. Och IV	M.,I
O IL BIRTHPLAC	E /		192		fung ling
OF FATHER			*State the Di	sease Causing Death,	or, in deaths from
12 MAIDEN N	suntry)				
	AME .		Violent Causes, st. Accidental, Suicidal	or Homicidal.	or, in deaths from ury and (2) Whether
OF MOTHER	~ 1	lom	18 LENGTH OF RE	SIDENCE (For Hospite	
13 BIRTHPLA	E Jeneva Mulle	eom	18 LENGTH OF RE-	SIDENCE (For Hospite sidents)	
13 BIRTHPLA	Jeneva Mala	lom	18 LENGTH OF RE	SIDENCE (For Hospite sidents)	als, Institutions, Tran
13 BIRTHPLAC OF MOTHEI (State or Co	R Jeneva Male CE Rountry) Klutucky	lom	18 LENGTH OF RE- ients or Recent Re At place of deathyrs	SIDENCE (For Hospital sidents) In the State casted.	als, Institutions, Tran
13 BIRTHPLAC OF MOTHEI (State or Co	Jeneva Mala	lom EDGE	ients or Recent Re At place of death yrs m Where was disease contribution of death from the recent r	SIDENCE (For Hospital sidents) In the State casted.	als, Institutions, Tran
13 BIRTHPLAC OF MOTHEI (State or Co	R Jeneva Male CE Rountry) Klutucky	EDGE	18 LENGTH OF RE- ients or Recent Re At place of death yrs m Where was disease contr if not at place of deat	SIDENCE (For Hospital sidents) In the State casted.	als, Institutions, Tran
13 BIRTHPLA OF MOTHEI (State or Co	TRUE TO THE BEST OF MY KNOWLE	20m EDGE	ients or Recent Re At place of death yrs m Where was disease contribution of death from the recent r	SIDENCE (For Hospital sidents) In the state stated,	als, Institutions, Tran
OF MOTHER (State or Co	TRUE TO THE BEST OF MY KNOWLE	20m EDGE	18 LENGTH OF RE- ients or Recent Re At place of death	SIDENCE (For Hospital sidents) In the State racted, hi?	ls, Institutions, Tran
13 BIRTHPLAM OF MOTHEL (State or Co 14 THE ABOVE IS (Informant) (Address	TRUE TO THE BEST OF MY KNOWLE	EDGE	18 LENGTH OF RE- ients or Recent Re At place of death	SIDENCE (For Hospital sidents) In the state stated,	yrs
13 BIRTHPLA OF MOTHEI (State or Co 4 THE ABOVE IS (Informant) (Address	TRUE TO THE BEST OF MY KNOWLE	EDGE	18 LENGTH OF RELients or Recent Re At place of death yrs. m Where was disease contrif not at place of death former or usual residence	SIDENCE (For Hospital sidents) In the State racted, hi?	DATE OF BURIAL
13 BIRTHPLAM OF MOTHEL (State or Co	TRUE TO THE BEST OF MY KNOWLE	Junn Registrar	18 LENGTH OF RELIGIOUS OF Recents or Recent Re At place of death yrs m Where was disease contrif not at place of death former or usual residence	SIDENCE (For Hospital sidents) In the State racted, h? OR REMOVAL Or Caching to acting the same during the s	DATE OF BURIAL ADDRESS Valsbury

AUDIT STO

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; i or given up on account of the DISEASE CAUSING CEATH gaged in domestic service for wages, as Servant Cook should be used only when needed. As examples: (a) nature of the business or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been charged ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at liome, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-0 Physician, Compositor, Architect, Locomotive engineer Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a laborer, report specifically the occupations of persons en-Foreman, engineer, Stationary fireman, etc. But in many For many occupations a single word or term on or At Home, and children, especially in industrial employments, it is necesyrs). Farm laborer, know (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia (a) the kind of work and also (b) the Laborer--Coal minc, etc. Womnot gainfully em-(b) Grocery,

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EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same actepted term for the same disease. Examples: Cerebros pind fever (the only definite synonym is "Epidemic cerebros spinal meningitis"; Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

letanus) may be stated under the head of "contributory." (Recommendations on statement of cause of American Medical Association.) approvéd by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably sweide. Then ture of the injury, "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL peritonitis, diseases, resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, "Debility" causing Examples: Aecidental drowning; Struck by railway train taken. can be ascertained Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse." "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiinterstitial nephritis, death), 29 ds.; Bronehopneumonia (secondary), FOR VIOLENT DEATHS State MEANS OF INJURY cough; ("Congenital," " "Marasmus, " "Old Age, " "Shock, or intercurrent) affection need not be 9.9 "Heart failure," "Haemorrhage, as the cause. Chronic Example:, Measles (disease valindar heart disease; etc. The Always qualify all contributory Measles;

If this certificate is looked over thoroughly and all questions because in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR

S. No. 1 .

(m) 1	STATE OF MARTLAND
County Milyus 20.	CERTIFICATE OF DEATH
1. Carlen	Registration Dist. No. 333
Village or City faushing (No. Juhnen	Unis Manal Sau. Ward) (If death occurred in a hospital or institu-
2FULL NAME Vertue 12	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenuale White (Write the word) 4 COLOR OR RACE SSINGLE. MARRIED. WIDOWED. WIDOWED. WIDOWED. WIDOWED. WIDOWED. WIDOWED.	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH Office 8, 1899 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That Lattended the deceased from Movember 25 1931 to fine 5 , 1932 that I last saw had alive on time 5 , 1932
7 AGE 33 yrs. 1 mos. 28 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	fulmorey tutuculosas
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos ds.
9 BIRTHPLACE (State or country) Sollaware	Contributory Secondary (Duration)
10 NAME OF Samuel Mitchell	(Signed) Charles Office Leg M. D.
State or country) State or country	*State the Discase Causing Death, or, in dants from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Quina med	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos ds. In the State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, the ville MA
(Informant) Elizale A. Baker	Former or usual residence
(Address) Pittsirlle + Ind.	Lewer Cemeter Jene 8 the 1932
Filed June 6 1932 - & May June	20 UNDERTAKER JADDRESS WMM. Howard Wella. Villaulle m.R.
If more branks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MADVIAND

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook. Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the whatever, write None. to report specifically the occupations of persons rner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, (Recommendations on statement of cause of death approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart Innure, "Account," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

mation should be carefully supplied.

-WRITE PLAINLY,

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1. PLACE O	F DEATH	/		92-0		2 2 2
County 2.3.	Willow	neco			Registration Dist. No.	333
Village or (City Adlessidence in city or town where	death occurred		f death occurred in a hospital or institution. ds. How long in U.S. if of	,	
2. FULL NA	ME DO To	3 . 60				
(a) Resider		(Usual place	of abode)	St., Ward. LL	nlendur	and State
PERSON	NAL AND STATIST	TICAL PARTI	CULARS	MEDICAL CE	RTIFICATE OF DEAT	Н
3. SEX	4. COLOR OR RACE	5. SINGLE, MARI OR DIVORCEI	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH	(Month) 29 (Day)	, 193 Z- (Year)
5a. If married, widow HUSBAND of (or) WIFE of	wed, or divorced	un			CERTIFY. That I atten	nded deceased from
6. DATE OF BIRTH	(month, day, and year)	12 m long	the start	Mast saw h aliva on &	000	; daath is sale
	ars Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated The PRINCIPAL CAUSE OF DEATH wera as follows:		Date of onset
work wa SAW MI To. Date deceas this occu- yaar)	business in which is done, as SILK MILL, LL, BANK, etc	sper	me (years) It in this pation	Other Contributory Causes of impor	tance:	
12. BIRTHPLACE (c) (State or cou		ing		Tulewara	7	
14. BIRTHPLACE	E (city or town)			Name of operation What test confirmed diagnosis?	Date Was there	
_	E (city or town)	- 4	J. /-/	23. If death was due to external caus Accident, suicide, or homicide?4 Where did injury occur?	(Specify city or town, county and	, 19 I State)
17. INFORMANT (Address) 18. BURIAL, CREMA		y, hid!	Harfula	Specify whether injury occurred in	ENDUSTRY, in HOME, or in PUBLIC	PLACE.
Place Pu	Alle Cem to	d Oate July	7 12,1933	- Nature of Injury	u seleted to conserving of the	20
19. UNOERTAKER	Salvaly	my mic	(0)	24. Was disease or injury in any wa	y related to occupation of deceased	
20. FILED ful	4 1, 1932. 8	t. May	Registrar.	(Signed)(Address)	Lechilary neo	P

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are moded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis E T T L	1915	Attock of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage July 8 1932	July 5,1927	Peritonitis	3 days ago
PUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year

state

Exact statement of OCCUPA

stated EXACTLY. PHYSICIANS should

properly classified.

pe

AGE should be

certificate.

TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may should be carefully supplied.

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH /	$\widehat{\mathcal{R}}$
County Micpueco	Registration Dist. No. 333
Village Dr City Salisbury Mo	ND. St., 9' Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred vrsmos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME MASS MASS Frances	Bell
(a) Residence: No. 7/3 Lake S. Sala (Urual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Kuriig the word)	21. DATE OF DEATH
Temale Colored Widow	(Month) (Day) (Year)
5a. If marriad, widoward or diverced HUSBAND of Corp WIFE of Charles Head Herry Bell	22. 1 HEREBY CERTIFY, That I attended decreased from
6. DATE OF BIRTH (month, day, and year) Mulebrown	liast saw head alive on house 18 19 32 death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc.	orebral apoplexy finery
9. Industry or business in which work was done, as SILK MILL, Howelwife SAW MILL, BANK, etc.	
10. Date dacaasad last workad at this occupation (month and yaar) occupation	
0 - 0	Other Contributor Causes of importance:
12. BIRTHPLACE (city or town) (Stete or country) Sourceset (0., 100)	Moule rayo galactes 1930
13. NAME Robert Williams	Hybertension 1930>
14. BIRTHPLACE (city of town)	Name of oparetion Dete of Dete of
(State or country) Souliser O. Mid.	What tast confirmed diagnosis? Was there an autopsy
15. MAIDEN NAME Harriel Coulbrurue	23. If death was due to axtarnal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mrs Lellian Hensong	Where did injury occur? (Specify city or town, county and State) Spacify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) 18. BURIAL, CREMATION, OR REMOVA	
Place Musion Station Date June 19, 1932	Natura of injury
19. UNDERTAKER Sto. W. Jilghhuang (Addiess)	24. Was disease or injury in any way related to occupation of dacaesad 200
Change 12 22 Ve Par Strange	(Signad) See Use Deceber Deceber D.
2D. FILED 1907 1907 N. Way July Registrar.	(Address) La Sistem 21, 2

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale mcrchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	JUL 6 1032	July 5,1927	Peritonitis	3 days ago	
	BUREAU V.S.				
Other contributory	causes of importance:	od not	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(159)
County Wie Willes	Registration Dist. No. 333
Village or City Salis brew U.S.	No Par Dei D Horisand
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long In U.S. if of foreign birth?yrs,mosds.
2. FULL NAME Baly & Dand	Jan.
(a) Residence: No. Qualevel Da	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write, tile word)	21. DATE OF DEATH
tende Wales. surgle	(Month) (Day) (Yaar)
Se. If marriad, widowed, or divorcad	
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decaased from
0	6-13-1932 10 6-13,1952
6. DATE OF BIRTH (month, day, and yeer)	lest sew h alive on
7. AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the data stated above, at
ormin.	The PRINCIPAL CAUSE OF DEATH and raleted causas of importence ware as follows:
Trade, profassion, or particular kind of work done as SPINNER	(2)
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and	Excuration tint (6 mus
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	V
SAW MILL, BANK, etc	
11. Totel time (years) this occupation (month and year) year)	
11.4	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Holand I arrived. 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (State or country)	Neme of operation
	What test confirmed diagnosis? Was there an aulopsy?
	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Accident, suicide, or homicide?
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Jay; Laspugal	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Salisbury, Ma	
18. BURIAL, CREMATION, OR REMOVAL PLACE HOME CINE, Dete June 1319 32	Manner of Injury
Placa Manuel Line, Dete June 199	Nature of injury
19. UNDERTAKER Sofend Stanbing paling	24. Was disaese or injury In eny way related to occupation of daceased?
(Addrass) Wachapreague f, La, f	If so, specify
20, FILED June 13, 32. In may June	(Signad) M. D.
Registrar.	(Address) fly fully line the
16 more blanks are marked address State Designation	N. Charles Comp. B. His D. S. El C. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows: CEIVED	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(131)
County Maloryulos	Registration Dist. No. 333
Village or City Stranfetown.	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2 FILL MARGE AVID AUG 100 10 gratery	9
(a) Davidance No.	St. Ward.
(a) Residence: No. (Usual place of abode)	St., Watt. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED, OR DIVORCED (white the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
HUSBAND of (or) WIFE of	22. THEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 15, 1853	I last saw ham alive on Q/27/ 193 2 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.307 m.
79 / 12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	From Syphertrophe Date of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Interestiff Wellington
Mindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	/
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation occupation	
ma.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city of town) (State or country)	
I 13. NAME Arram D. Cooper	
13. NAME Auram 10, Cooper	Name of operation Date of
(orace or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sabelle Sylvings u 16. BIRTHPLACE (city or town) (State or Willette)	23. If death was due to external causes (VIOLENCE) fill in also the following:
[6] 16. BIRTHPLACE (city or town) Mo;	Accident, suicide, or homicide? Date of injury, 19
(State or Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT DOUBLE Sharptown mo.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL; CREMATTON, OR REMOVAL Place Strait Towns . Data 6 ms 29 1032	Manner of injury
Place Date Date 7, 1932	Nature of injury
19. UNDERTAKER / A Grave Ener H Joon (Address) Sharplown ' med.	24. Was disease or injury in any way related to occupation of deceased? (1)
20. FILED June 29, 1932 Mary E, Manne Registrar.	(Signed) D- Tufilling M.D. (Address) Sharpton Mg.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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1. PLACE OF DEATH County Vallage or City Vallage or Ci	- t 5 -	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Country Countr	sta of	1. PLACE OF DEATH	- P2-P
Length of residence in city or togracyhere death occurred to the control of the c	171	County Oganneo	222
Length of residence in city or togracyhere death occurred to the control of the c	noq	Village or City Chish	No. Tu Im / 13 Ward
2. FILL NAME. (a) Residence: No. (Usualphee of shode) PERSONAL AND STATISTICAL PARTICULARS 1. STATE OF DEATH 1. STATE OF DEATH 2. FILL NAME. (b) BYORGED FIRST Househ 5. SINCLE MARRIED, WIDOWED 1. DATE OF DEATH 2. DATE OF DEATH 2. DATE OF DEATH 2. THE RESY Y CERTIFY. They remised geosated from the data stated above, at the property of the state of the property of the state of the property of the state of th	7	· 57 (16	
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So. I Married widowed, or divorced So. I Married widowed, or divorced 19	REC	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
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	BUREAU V. S.	1		
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V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH	-CERTIFICATE OF DEATH
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Registration Dist. No. 933 St., St., Ward a horpital or institution, give its NAME instead of street and number) ow long in U.S. if of foreign birth? yrs. mos. ds. Ward. If nonresident give city or town and State
St., Ward a horpital or institution, give its NAME instead of street and number) ow long in U.S. if of foreign birth? yrs. mos. ds. Ward. If nonresident give city or town and State
ow long in U.S. if of foreign birth?yrsmosds,
If nonresident give city or town and State
If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
OF DEATH JUNE VV , 193 V (Year)
HEREBY CERTIFY. That I attended deceased from
alive on June 20 193 2 death is said
ed on the date stated above, at 1.051.m.
L CAUSE OF DEATH and related causes of Importance
Date of onest
onie Myo Carlins
tery Causes of importance:
Date of
rmed diagnosis?
due to external causes (VIOLENCE) fill in also the following: de, or homicide?, 19,
ry occur?
(Specify city or town, county and State) r Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
ryy
or laidry in any wey releted to occupation of deceased?
Idress) Galas Luc M. D
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done. 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker." "operative." etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples: Evample I

Evample II

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DURPAU V. V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every ites	nould be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sh	OF DEATH in plain terms, so that it may be properly classified. Exact statement of	
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C	LNE	LI	.pq	
MARGIN RESERVED FOR BINDING	MANI	ACT	lassifie	
BIN	ER	EX	y cl	te.
OR	SAP	ated	operl	very important. See instructions on back of certificate.
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2	SNG	AG	the	ions
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V. S. No. 1

CAUSE

TION

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Wicomico Registration Dist. No. Village or City_Riverton NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred 7 yrs mos. ds. How long in U.S. if of foreign birth? yrs mos ds. 2. FULL NAME Samuel C. Glasgow (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male White (Month) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceased from 22. (or) WIFE of Sadie C. Glasgow 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months/ Days If LESS than to have occurred on the date stated abova, at __ /_ __ m. 1 day.____hrs. 46 II23 The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. ware as follows: Date of enset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. NO OCCUPAT Industry or business in which work was dona, as SILK MILL, Farmer SAW MILL, BANK, etc 10: Date deceased last worked at 11. Total time (years)
spent in this this occupation (month and occupation __ Other Coatributory Causes of importance: 12. BIRTHPLACE (city of town) Mary land (State or country) HER 13. NAME Samuel Glasgow FAT (State or country) What test confirmed diagnosis? Was there an autopsy? MOTHER 15. MAIDEN NAME Martha Layfield 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Md. Accident, suicide, or homicide?______ Date of injury_______19_____ (Stata or country) Where did injury occur?_____ (Specify city or town, county and State) 17. INFORMANT Sadie C. Glasgow Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION OF REMOVAL , MO. Manner of injury _ Placa Mardela Date June 3 1932 Natura of injury. 19 UNDERTAKER W. D. Gravenor & Brother 24. Was diseasa or injury in any way related to occupation of deceased? If so, specify . Sharptown, Md. Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related caus of importance were as follows:	1
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	. 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		230139	3 2
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
ATTETTOSCIETOSIS	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis Cerebral hemorrhage	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAL
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V. S. No. 1

JPA-		RYLAND—	CERTIFICATE OF DEATH
_	1. PLACE OF DEATH		8
of occ	County Hicomics		Registration Dist. No.
o jo	Village or City Salisbury,	hid.	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurred.	yrsmos.	ds. How long in U.S. if ol foreign birth?yrsmosds.
	2. FULL NAME (Stall bonn)	Streen	les
	(a) Residence: No. Salisbury,	md.	St., 9 Ward.
		ace of abode)	/ If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
1	PERSONAL AND STATISTICAL PAR 3. SEX 4. COLOR OR RACE 5. SINGLE, M	MARRIED, WIDOWED,	21. DATE OF DEATH
l	The OR DIVOR	RCED (write the word)	here 6, 1932
	5a. If married, widowed, or divorced	rigile	(Month) (Day) (Year)
l	HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from
	June 1	25,1932	1950 to 1950
	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys	If LESS than	to have occurred on the date stated above, at
	7. AGE 16815	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence
	8. Trade, profession, or particular	ormin.	were as follows:
	kind of work done, as SPINNER, SAWYER BDDKKEEPER etc.		Ulknown
	9 Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc		6 0 0 1
	SAW MILL, BANK, etc.	tal time (years)	I florely
		spant in this	(2)2001
STATE	12. BIRTHPLACE (city or town) Salisbury	/ /-	Other Contributors Causes of importance:
	(State or country) Mary Laft	id;	
	II 13. NAME Les. Hollian	is.	
ı	14. BIRTHPLACE (city or town) (State or country)	(a)	Name of operation Date of
	(Otate of Country)		What test confirmed diagnosis? Was there an autopsy?
	15. MAIDEN NAME Helen XII	eene	23. If death was due to external causes (VIOLENCE) fill in also the following:
	O 16. BIRTHPLACE (city or town) July 10	ud:	Accident, suicide, or homicide?, 19, 19, 19
	(State or country)		Where did injury occur?(Specify city or town, county and State)
	17. INFORMANT (Address)		Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, DR REMOVAL	/ -	Manner of Injury
	Place Kome premise Date for	me \$ 1935	Nature of Injury
	10 HADESTAVED LES William	2 Casting	/24. Was disease or injury in any way related to occupation of deceased?
	19. UNDERTAKER XIII AMERICAN (Address) Salvabury, Ma		If so, specify
	20. FILED June 6 19 3 20 Jr Mis	y durings	(Signed) D.
		Registrar.	(Address) Aglestina MA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example, I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 9 932	1915	Attack of epilepsy	1 week ago
Cerebral hemorrhage	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 B. should state

1. PLACE OF DEATH		(3)
County Melonic	a_,	Registration Dist. No. 333
Village or City Assuello	- about	No. St., War If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town when	e death occurred 3 2 yrsmo	s ds. How long lo U.S. if of foreign birtb?yrsmosd
2. FULL NAME / Woln	Ch Tunky	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
If married, widowed, or divorcad	moned	(Month) (Day) (Yaar)
HUSBAND of Elizabeth 4	unly	19.3 Lo Lattendad deceased from the lattendad deceased fro
DATE OF BIRTII (month, day, and yeer)		Mast saw have alive on June 16 19 7; daath is sa
AGE al Years Months	Days If LESS than I dey, hrs.	mar a college Cause or BEATH and releted causas of importance
8 Trade profession or particular	1 01 111111.	Wate as rollows:
8. Trede, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		alilo Jaly Heall. 9/14
Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	7	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	anner	
	oponitin tino	
yeer) 1.9-3.2	occupation	Other Contributory Causes of Importance:
2. BIRTHPLACE (city or town)	tend	1 / 1 / A / 1 / 4/
(State or country)	2 resd	- my July Voltage 1/8/
14. BIRTHPLACE (city or town)	Lunby	
14. BIRTHPLACE (city or town)	20	Name of oparation Date of
(Steta or country)	ary fond	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Such Of	aliston	23. If death was due to external causes (VIOL ENCE) fill in elso tha following:
16. BIRTHPLACE (city or town) - France	March	Accident, sulcide, or homlclde? Date of injury, 19
(State ar country)	ma	Where did injury occur?
INFORMANT & leyelith	Tunky	(Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.
(Addrass) To Lead To Land To L		N
Place Fret Calarles Of	Data Que 29 1932	Mannar of injury
O. UNDERTAKER JASTING	at !	Natura of injury 24. Wes disease or injury in any way splated to occupation of daceesad?
(Addrass) Stewart 8	aboliny ond	If so, specify
11 20 1/1.	1/2 007	(Signed) Multiple M.
FILEO XIME 19 X.	May Jurises	(Signed)

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Example I	The state of the s	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Othon contributory of the			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	-CERTIFICATE OF DEATH 05940
1. PLACE OF DEATH	(80)
County Uscomics	Registration Dist. No.
Village or City	No less selfs Selection War (If death occurred in a horpital or institution, give its NAME instead of spect and number)
Length of residence in city or town where death occurredyrs,	mosds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Hack.	
(a) Residence: No. Snow full Miss	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (1932 (Year)
a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Widowed	Way 30, 19326 Jun 27, 193
DATE OF BIRTH (month, day, and year)	I last saw h alive on lo - 27 1932 death is sai
. AGE Years Months Days If LESS than	
(o) 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were profollows:
8. Trade, profession, or particular	From the Obania
S. Trade, profession, or particular sind of work done, as SPINNER, W. SAWYER, BDOKKEEPER, etc.	V C-CMCG/VL -/ /CL
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Syrogy Mill (State or country)	Other Contributory Causes of Importance:
13. NAME Illelaner Rack	
13. NAME Welson Hack 14. BIRTHPLACE (city or town) Show Hell	Name of operation
(State or country) Manyland	What test confirmed diagnosis?
15. MAIDEN NAME Wikylosen	23. If death was due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Amous Melly	Accident, suicide, or homicide? Date of injury, 19
(State or country) Thankland.	Where did injury occur?
7. INFORMANT Less Gent Cospillat	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place Pulled Muldipate 1999, 199	Nature of Injury.
19. UNDERTAKER Agency Stiffebyngs (Address)	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED June 27, 19 32 D. May Trens	
If more blanks are needed, address State Registration	

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease; injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows:	- 1
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA.

STATE OF	MARYL	AND-	CERTIF	ICATE	OF	DEAT	H
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10030

1. PLACE OF DEATH	(30)
County Willomigs	Registration Dist. No. 337.
Village or City Jugaskin	ND. St Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME & Ames Hundy	The state of the s
	CA WJ
(a) Residence; No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIO OWED, OR DIVORCEO (write the word)	21. DATE OF DEATH
Jemail ay. married	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFM, That I attended deceased from
- amel en yandy	June 15, 1932, to June 22, 1930
6. OATE OF BIRTY (month, day, and year)	Plast saw h elive on Que 20,1932; death is sald
7. AGE Years Months Deys If tESS than 1 dey.	to have occurred on the date stated above, at
min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	auce stomenter
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	nefficiti
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	
- 1 2 mg occupation (month and about in fill)	
year) occupation,	Other Cautributory Causes of importance:
12. BIRTHPLACE (city or town) UMANY LINEY (State or country)	
D D L L L L L L L L L L L L L L L L L L	
I Company	Name of a subline
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Selen Mitchel	23. If death was due to external ceuses (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Sugarshing	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT James M: Handy	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) 18, BURIAL, CREMATION, OF REMOVAL	
Place Typeson Date 9 was 1/19 3D	Manner of Injury
M. OBM Sichal	Nature of injury
19. UNDERTAKER (Address) 3 in the second of	24. Was disease or injury In any way related to occupation of deceased?
20. FILED JAME 26 1932 OF Wool for Wall	(Signed) Olles Sills M.D.
20. FILED. W. S. 193 Land Conf. Co. Co. Co. Co. Co. Co. Co. Co. Co. Co	(Address) Squitewer my
If more blanks are weeded, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
. 608840			
6	-)		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Ł	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06942
1. PLACE OF DEATH	(3)
County Kicomico	Registration Dist. No. 33,3
Village or City 66	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
41 41	TOW TONE IN C. S. II OF TOTEIGN DITTIES
2. FULL NAME Annean Jandy	
(a) Residence: No. Colon (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH -
Mall Col OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agmes Spence	
(or) WIFE of Agmes Spence	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) June 9 18 73	I last sew ham alive on Termar 27, 19,32; death is seld
6. DATE OF BIRTH (month, day, and year) Levos 1813 7. AGE Years Months Oays If LESS than	to heve occurred on the date steted above, at
59 grs - 18 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importence were as follows:
8 Trada profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
A Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	Chronic Interchital Naphritis 1981
SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years)	/
this occupation (month and A) year) spent in this occupation dependent	
12. BIRTHPLACE (city or town) 14 cy + 4 l q n &	Other Coutributory Causes of Importanco:
(State or country)	
I 13. NAME Wm / Tounder	
14 BIRTHPLACE (city or town)	Name of operation Dete of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Packs Hause	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide? Date of injury, 19
E (State or country) Tary and	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Albert Haudy	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Com 12. Q. 1704 2 #Q. 18. BURIAL, CREMATION, DR REMOVAL	
Place Mrt Vermonlempale June 30, 33	Nature of Injury
Street Corner	
19. UNDERTAKER CAUTO FOR COMMENTAL AND CARDON OF THE COMMENT OF TH	24. Was disease or injury in any way related to occupation of deceased? \(\Delta \Delta \Delt
(19 22 (L))	(Signed) Epon of Markoman M. D.
20. FILED XXXIII. 79. S. VX ay MXXIII. Registrar.	(Address) Princepp Ourse Md
If more blanks are needed address State Registrar	2421 N. Charles Street Religionary Property 71 S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis JUL 0 1334	1921	Run over by street car	1 week ago	
Cerebral hemorrhage , BURF.AU V. S.	July 5,1927	Peritonitis	3 days ago	
Land Barbert			FELLE	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	May 1,1923	The state of the s	1	

ADDITION AT COACE BOD BUDDIED CTATEMENTS DV DIVSTOLAN

ADDITIONAL STACE	FOR FURTHER STAT	EMENIS BI INISICIAN	

1. PLACE OF DEATH

If more blanks are meded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1,

(Address)

Registrar.

No. UŽ

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	7	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	Mou1,1923	Other contributory causes of importance:	1 440	
Unitaroneo	M0y1,1925	(mon venter ans	1 year	

should state OCCUPA.

Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH			
1. PLACE OF DEATH				
County Missionies	Registration Dist. No. 736			
Village or City Delma				
(If	NOSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)			
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.			
2. FULL NAME Tomas Edward	Hudson			
(a) Residence: No. 10 0 Size St	St., Ward.			
(Usual place of abode)	If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH			
Tale white widows	(Month) (Day) (Year)			
ia. If merried, widowed, or divorced HUSBAND of (or) WHE of	22. f HEREBY CERTIFY, That I attended deceased from			
unil J. Nudson	2mg ,1932, to Jmn 21 ,1932			
5. DATE OF BIRTH (month, day, and year) Jac 27 1854	flast sww han alive on 12 11 - 19 - 19 - 2; death is said			
AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.			
78 H/ 24 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
8. Trade, profession, or particular kind of work done, as SPINNER	Date of onset			
SAWYER, BODKKEEPER, etc. Court	Chron hyberty 6 mi			
9 Industry or business in which work wes done as SILK MILL, SAW MILL, BANK, etc.				
10. Date deceased last worked at 11. Total time (years)				
this occupation (month and spant in this occupation				
2. BIRTHPLACE (city or town) May Gullsford Leel	Other Contributory Causes of Importance:			
(State or country) & Subsix Country	France Coma 24 lun			
13. NAME Thomas R. Hudson	L. C. Musik C. V. V. Sa.			
14. BIRTHPLACE (city or town) Delaware	Name of operation Date of			
(State or country)	What test confirmed diagnosis?			
15. MAIDEN NAME TO Record	23. If death wes due to external causes (VIOLENCE) fill In also the following:			
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19			
(State or country)	Where did injury occur?			
7. INFORMANT A DA Judom	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
(Address) Loilman derf 8. BURIAL, CREMATION, OR REMOVAL				
Place Their an Supply 672-1984	Manner of Injury			
1906 8 0 00	Nature of Injury.			
9. UNDERTAKER A Maril 19. (Address)	24. Was disease or injury In any way related to occupation of deceesed?			
1 01 a gray p	If so, specify			
10. FILED JUNE 21., 1932 M. D. L. Registrar.	(Signed) M. D. (Address) Dahmer Dal			
Registrar.	(Addiess) for Education			

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsu Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ogo Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR F	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 332Ward) (If death occurred in a hospit I or institution, give Its NAME in-1.umber.) 2FULL NAME MEDICAL CERTIFICATE OF DEATH 3 SEX CR DIVORCED BINDIN (Write the word) 17 CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Conth) (Day) and that death occured on the date stated above, at ... 0 fLESS than 7 AGE I day hrs. The CAUSE OF DEATH * was as follows: ds. or min.? 0 Ш B OCCUPATION (a) I rade, profession or ER particular kind of work (b) General nature of industry S Q business, or establishment in (Duration)yrs.... which employed r (employer) C Contributory 9 BIRTHPLACE Secondary MARGIN (state or country) 10 NAME OF u (Signed). FATHER 0 11 BIRTHPLACE * tite the Disase Causing Peath, or, in deaths from Violent Caus s, stite (1) Mians of Injury and (2) whether Accidental, Suicidal or Homicidal. RENT (State or country) 12 MAIDEN NAME 18 L.NGTH OF RESIDENCE (For ! ospitale, Institutions, Trans-4 OF MOTHER 00 0 ients or Recent Residents) tat 13 EIRTHPLACE In the At place State yrs mos ... OF MOTHER . . yra..... mos. ds. of death . (State or country) Where was disease contracted, if not at place of death? nou Former or usual res.dence. 60 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PA E O G If more b.anks are needed, address State Registrar, 16 W. Saratoga St., Bulto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation er," etc., without more precise specification as Day laborer, Farm laborer, Laborer Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid household receive a should be used only when needed. As examples: nature of the business or industry, and therefore an sary to know (a the kind of work and also (b) the state occupation at beginning of illness. If retired from ... or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-(a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement : it Civil engineer. Stationary fireman, et . But in many the first line will be sufficient, e.g., Former or Planter, fulness of various pursuits can be known. The queswhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Physician, Compositor, Architect, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-Locomoline engineer, (b) (orocary;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disense. E-amples: Carebrospinal fever (the only definite synonym is "Typidemic acrebrospinal meningitis"); Diphtheria (avoid u e of "Croup"); Typhoid fever (never report "Typhoid Pneumonia": Lobar gneumonia. Bronchopneumonia. ("Pneumonia":

stated unless important. Example: Measles (disease "Exhaustion," "Heart failure," "Heart fa "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "PUERPERAL septicaemia," "PUERPERAL peritonitis, atic), "Atrophy," "Collapse," "Coma," "Convulsions," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Meusles; inges. peritonaeum, etc., Carcinoma, Sarcoma,, etc., of as fracture of skull, and consequences ie g., se, sis, lefance, may be stated under the head of "contributory" carbolic acid-probably suicide. The niture of the injury, accident; Revolver wound of head-homicide; Poisored by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICI' A., taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved Becommendations on statement of cause of death Examples: Aecidental drowning; Struck by railway train-..... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiinterstitial nephritis, by Committee on cough; Chronic valvular heart disease; etc. The contributory Nomendature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. ... he dita is essential and must be obtained before the cartificate is permanently filed.

ma

V. S. No. 1 N. B. occupa.

1. PLACE	OF DEATH	OF MAR	YLAND-	CERTIFICATE	OF DEATH	Ansan
County		reino		119	Deciatoration Diet M.	440
					Registration Dist. No	
Village o	r City Class	A.	(III	death occurred in a hospital or institut	tion, give its NAME instead of	_St.,Ward
Length of	residence in city or town where	death occurred		ds. How long in U.S. if o		
2. FULL N	IAME PHA	esel Al	ca hes			
(a) Rosin	lence: No.	Para	1	St., Ward.		
(a) nosit	101100.110	(Usuai place	of abode)		If nonresident give city or	town and State
PERSO	ONAL AND STATIS	FICAL PARTIC	CULARS	MEDICAL CI	ERTIFICATE OF DE	EATH
3. SEX	4. COLOR OR RACE	5. SINGLE, MARI	RIED, WIDOWED, (write the word)	21. DATE OF DEATH	1	,
male	406	OR DIVORCED	(which the word)		(Month) (Day)	(Year)
5a. If married, with HUSBAND of	dowed, or divorced					
(or) WIFE of				1 HEREBY	CERTIFY, Thet I	attended deceased from
a Diffe of sing	*** /	7.1 1	01931	Vast saw h 3 alive on	192 10 24	193 2 : death is said
	Years Months	Days	if LESS than	to have occurred on the date state	0	., 192; death is said
	7	-	1 day,hrs.	The PRINCIPAL CAUSE OF DEAT		ance
_ 8. Trade or	ofession, or particular	129	ormin.	were as follows:	ada 1	Date of onset
No kind o	of work done, es SPINNER, ER, BDOKKEEPER, etc			- Canus	percus.	
₹ Industry	or business in which			20,0	hee	
SAW SAW	was done, es SILK MILL, MILL, BANK, etc				****	
	eased lest worked et ccupation (month end	11. Total tie	me (years) t in this	***************************************		
year)			pation	Other Contributory Causes of impo	rtanea:	
12. BIRTHPLACE	(city or town)	large	/	Other Canada and Thippo	itanoc.	
(State or o	country)	Ma	/			
13. NAME	Willing	er wy	right			
4. BIRTHPL	ACE (city or town)	long	<i>[</i>	Name of operation	***************************************	Dete of
- Corare	or country)	ella,		What test confirmed diagnosis?	Was	there en eutopsy?
15. MAIDEN 16. BIRTHPLA	NAME Alla	Hughe	A	23. if death was due to external ceu	ses (VIOLENCE) fill In elso the	following:
0 16. BIRTHPL	ACE (city or town)	largery.		Accident, suicide, or homicide?	Date of injur	ry, 19
≥ (State	or country)	Ma		Where did injury occur?	(Specify city or town, count	10
17. INFORMANT .	John 1	Hushe	d	Specify whether Injury occurred in	INDUSTRY, in HOME, or in Pl	UBLIC PLACE.
(Address)	1 61	ine Soll of				
C	TATION, OR REMOVAL	16 0	117.70	Manner of injury		
Plece	(7.200 00 00 00 00 00 00 00 00 00 00 00 00	Date J.M.	L 27, 19.22	Nature of injury		
19. UNDERTAKER	Mrs telly	escep	& Some	24. Was disease or injury in any wa	sy related to occupation of dece	eased?
(Address)	(/ purch	341	If so, specify	77-9	-A-n
20. FILED	27,1932 di	Wools	and Wal	(Signed)	Klen Jel	Les M. D.
0		7	Registrar.	(Address)	handen	ho mb

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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10.-The month and year the deceased last worked at the occupation.

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Ex	ample I	12 113 113	Example II	
The principal cause of deat of importance were as follow	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1 101 6 1032	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	BUREAU	ప. '}		
	A_	Comment of the Commen		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR F	FURTHER	STATEMENTS	BY	PHYSICIAN
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See instructions on back of certificate.

TION is very important.

should state of OCCUPA.

item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	945
County Wigginela	Registration Dist. No. 3.3./.
Village or City (14	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME / Yesmas Jellinson	Vilugher
(a) Residence: No.	St., Ward.
((Usuai black of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED. WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widewed, or divorced	(Month) (Day) (Year)
HUSBAND of Mary E. Aughes	22. I HEREBY CERTIFY. That I attended daceased from
6. DATE OF BIRTH (month, day, and year) Anay 29 1863	I last saw h alive on June 7 1932 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at. 2-12-m.
69 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Coronory Embolus Detaofoneet
Industry or business in which	
work was dona, as SILK MILL, SAW MILL, BANK, etc	
O 10: Data decaased last worked at this occupation (month and save 1999 occupation (month and occupation occupation)	
12. BIRTHPLACE (city or town) / // (State or country)	Other Contributory Causes of Importance:
I 13. NAME / Homas & wakes	
13. NAME HOWERS YMANIAS 14. BIRTHPLACE (city or town) White the country of the c	Name of operation Pretite resolution Date of
(State of Country)	What test confirmed diagnosiste the tracky as there an autopsy?
15. MAIDEN NAME Ligalisto De hilo	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Ligalization 18 this 16. BIRTHPLACE (city or town) Clark (Stata or country)	Accident, suicide, or homicide?
17. INFORMANT & Lester Robertson (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Placa Clara Hd Date June 9, 19.32	Manner of injury
19. UNDERTAKER MES CAMPAGE PY Soul	24. Was diseasa or injury in any way related to occupation of deceased? If so, specify
20. FILED June 9., 19.3 M. Woolford Wall Registrar.	(Signed) Aller Selle M.D. (Address) Tranting M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	1		
THE TYPE AND THE PARTY OF THE P			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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19. UNDERTAKER

(Address)

Salisb

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of occ Should

1	STATE OF MARYLAND—	CERTIFICATE OF DEATH 06948
	County Wi comico	Basishadian Bird Na 322
	WEST WILL THE REAL PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE	ND. Peninsula Gen. Hospitalt. 13 Ward
	Village or City Salisbury	Np. 1911 118 U.I. Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
		. 7 6 ds. How long in U.S. if of foreign birth?yrsmosds.
2	FULL NAME Walter C. Humphreys.	
	(a) Residence: No. Maple Terrace, E. Isabe	118t. 3 Ward.
	(Usual place of abode)	If nonresident give city or town and State
P. Santa	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. 9	male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word) single	21. DATE OF DEATH (Month) (Day) (Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
6. I	DATE OF BIRTH (month, day, and year) Sept. 76, 7868. AGE Years Months Days If LESS than 1 day, hrs. 63 8 76 or min.	I last saw h alive on to have occurred on the date state above, at last said to have occurred on the date state above, at
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Circhal Gennly - Date of onset
၁၁၀	10. Dato deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	-2:
12.	BIRTHPLACE (city or town) Salisbury, (State or country) Maryland.	Dither Contributory Causes of importance:
2	13. NAME Thomas Humphreys	
FATHER	14. BIRTHPLACE (city or town) Salisbury, (State or country) Maryland.	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
2	15. MAIDEN NAME Virginia Freeny,	23. If death was due to external causes (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city er town) Salisbury, (State or country) Maryland.	Accident, sulcide, or homicide?
17.	INFORMANT F. Leonard Wailes (Address) Salisbury, Maryland.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL Place Pres. Church Date June 4th, 19 32	Manner of injury

If more blanks are freeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

uner Registrar.

If so, specify

(Signed)

(Address

24. Was disease or injury in any way related to occupation of deceased?_______

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of dcath and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis JUL 6 1932	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocntcritis	1 year

1. PLACE OF DEATH				-
County Was	cours		Registration Dist. No. 33	33
Village or City Soul	emeldies.	Wid.	No. I see . It says	Willed
Length of residence in city or	town where death occurred	vrsmos	death occurred in a hospital or institution, give its NAME instead of street and number ds. ds. How long in U.S. if of foreign birth?	13
2. FULL NAME &	1111080	1 201	LI ALL .	03.
(a) Residence: No.	2008	11,0	St. Ward. Or M.C.	
(a) nesidence, ito	(Usual place	of abode)	If nonresident give city or town and State	
	STATISTICAL PART		MEDICAL CERTIFICATE OF DEATH	
S. SEX 4. COLOR OR		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day) (Year)	ear)
5e. If married, widowed, or divorced HUSBAND of		0	22. I HEREBY CERTIFY. That I attended decease	
(or) WIFE of			Lo - 1 - 1932 to 6 - 14 - 19	3 7
6. DATE OF BIRTH (month, day, and	por Preserve		I last saw h. Rr. elive on & - LLL	is said
. AGE Years	Months Days	If LESS than	to have occurred on the date stated above, et	
16		1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance, were as follows:	fonset
8. Trade, profession, or particul kind of work done, as SP SAWYER, BDOKKEEPER, of	otc. Unen	own	Assist in making Conclution	
kind of work done, as SP SAWYER, BOOKKEPER, of 9 Industry or business in whice work was done, es SILK I SAW MILL, BANK, etc	MILL,	()	71 004	
10 Date deceased last worked e this occupation (month en year)	nd spa	time (yeers) ent in this upation		
12. BIRTHPLACE (city or town) (State or country)	ud.		Other Contributory Causes of Importance:	
13. NAME	, worse			
14. BIRTHPLACE (city or town)	reuseur	u,	Name of operation. Date of	
(otate or country)			What test confirmed diagnosis? Chriscal Applican Was there en autopsy?	la
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	was ark	Bering	23. If death was due to external causes (VIOLENCE) fill in elso the following:	_
16. BIRTHPLACE (city or town)	Jack .		Accident, suicide, or homicide?	
17. INFORMANT Ollie	armstran	4	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
(Address) 18. BURIAL, CREMATION, OR REMOV			Manner of injury	
Place. Near-S-narry	Web by Date Ju	ne 18, 1932	Neture of injury	
19. UNDERTAKER Chas (Address) Snaw	I furnel	<u> </u>	24. Was diseaso or injury in any way related to occupation of deceased?	
20. FILED June 1/19 3	32. & Ma	y June	(Signed) Sulphy and .	M. D
	If more blanks are needed		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I		Example II	1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chronic interstitial nephritis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
A. C.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS	\mathbf{BY}	B	BY	BY	BY	BY	B,	3	3	S	S	16	C	[Г	Γ	Γ	I	I	1	1	1	1	1	7	1	Ī	Į	Ŷ	١	ľ	Ì				ž	1	ď	Į	1]		ĺ	ĺ	Į	ĺ	ĺ	l	l	l	ĺ	ĺ	ĺ	ĺ	ĺ	ĺ	E	I	ĺ	Į	ĺ	l	ĺ	l	ĺ	i	E		E	i	E	i	E	i	E		E	i	E	ĺ	ĺ	ĺ	ĺ	i	ĺ	ĺ	ĺ	ĺ	ĺ	i	E	ĺ	ĺ	ĺ	i	i	E	ĺ	i	ĺ	ĺ	i	i		l	į	į	i	į	į	i	į	i	į	i	į	i	í	i	į	í	i	i	i	į	i	į				ı,		ı,		ı,	ı,	ı,	i	í	í	í	į	į	į	į	i
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DESERTED TO THE RESTREET			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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	Example I		Example II		
The principal cause of importance were a	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nep		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	JUL 5 1932	July 5, 1927	Peritonitis	3 days ago	
	BUREAU VS				
Other contributory c	auses of importance:	dia.	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(31)
Village or City I also bury U.G.	No. 1 21- 5 21- 1 vg 2 200
Vinage of only (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos.	ds. How long In U. S. if of foreign birth?yrs,mos, ds.
2. FULL NAME W Dlian H	KNAMO,
(a) Residence: No. Share Mail place of abode)	Send, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of www w = Kursulea -	22. I HEREBY CERTIFY. That I attended deceased from 22. 1932 to 1932
6. DATE OF BIRTH (month, day, and year) (1 m len Aus)	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
l day,min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
2 Trade profession or portioular	Chr nefferths Date of one of
kind of work done, as SPINNER, Letter	the Ingrandition tucken.
9 Industry or businass in which work was dona, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years) this occupation (month and	
O 10. Date deceased last worked at this occupation (month and year) year)	
Lud.	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Wenner
13, NAME DOQUE R. Murules.	4 2 3
13. NAME SQUARE IS. M. SWED,	Neme of operation. Date of
4 14, BIRTHPLACE (city or town) (State or country)	What test confirmed diegnosis? Chare Wes there en autopsy?
I 15. MAIDEN NAME LA SAN JU SAULTU.	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME LANGUE (city or town)	Accident, sulcide, or homicide? 200 Data of Injury
(State er country)	Where did injury occur?
17. INFORMANT Mars Walliam Por Lyonos	(Specify city or town, county and State) pecify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Place Harywown Dato June 8, 1982	Natura of injury 90
19. UNDERTAKER DO 19. Was programmed and the second	24. Was disease or injury In any way related to occupation of decaasad?
20. FILED Jame 1, 132. V. May Jurner Registrar.	(Signed) M. D. (Address) M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a elerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis! 1921 Run over by street car 1 week ago Cerebral hemorrhane July 5.1927 Peritonitis 3 days ago BUREAU V Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(23)
County Hilomicy	Registration Dist. No. 333
Village or City Salisting	No. 420 Relord SI 5. Ward
Length of residence In city or town where death occurredyrsmo	If death occurred in a hospital or institution, give its NAME instead of street and number) s. ds./ How long In U.S. if of foreign birth?yrsmos. ds./
2. FULL NAME Helen M. Land	ild
(a) Residence: No. 120 Re Con of st	St., 3 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OK DEVORCED (write the word)	21. DATE OF DEATH (Month) (Day) 193 3 2
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sloves A facility	22. I HEREBY CERTLEY, That I attended deceased from
m. Mr. a. D	1932, to June 24 , 19.37
6. DATE OF BIRTH (month, day and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 19 3 24 death is said
4/1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	Date of oneet
o kind of work done, as SPINNER, Aruse by	Julianery 1, 13, 1931
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
To. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country) Maryland	
13. NAME Rydney Mobble	
14. BIRTHPLACE (CHY or town) f Manufand	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Salle flynderson	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Saller Regarderson 16. BIRTHPLACE (city or town). Relief Type (State or country)	Accident, suicide, or homicide?, Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT SLA PRE COST of Schetting &	Secify whether injury occurred in INDÚSTRY, In HOME, or In PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Ausons Cem. Date June 1279.32	Manner of injury
19. UNDERTAKER Isloway + Oo.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED June 2/19/32 WM ray Junes. Registrar.	(Signed) heades The rows M. B. (Address) Saleshy Med
A STATE OF THE STA	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis JUI 6 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V S			
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECOI	mation should be carefully supplied. AGE should be stated EXACTLY. PHY	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact	2000
ED FOI	HIS IS A	be state	r be prop	to of acutif
N RESERV	ING INK-T	AGE should	o that it may	tions on heal
MARGIN	TH UNFAD	lly supplied.	plain terms, s	Con inchange
	PLAINLY, WI	hould be careful	OF DEATH in p	TION is now, important Coe instanctions on hard of soutificate
V. S. No. 1	N. B.—WRITE	mation s	CAUSE	STON :

STATE O	F MARYLAND—	CERTIFICATE	OF DEA	TH 06	954
1. PLACE OF DEATH	Control of the Contro	<u>(F1)</u>			000
County Welcomes	حــر		Registration	Dist. No.	333
Village or City Mean So	elisloud.	No.		St.,	9 Ward
Length of residence In city or town where de		death occurred in a horpital or institu			
Length of residence in tity of town where de-	ath occurredmos		n foreign bifthr	yrsmo	sds.
2. FULL NAME agagta	yelle ffull	0			
(a) Residence: No. Salks	(Usual place of abode)	St., / Ward.	If nonresident	give city or town and	State
PERSONAL AND STATISTIC		MEDICAL C	ERTIFICATE		
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	F 11=12= 51	0	
Male Marke	OR DIVORCED (write the word)	- Jus	(Month)	(0ay)	193. 3. 2. (Year)
5a. If merried, widowed, or divorced HUSBANO of	- 0	1			
(or) WIFE of plays by	le melo.	22. HEREBY	CERTIF	That I attended d	leceased from
6. DATE OF BIRTH (month, day, and yeer)	110.23 1500	last saw h elive on	Ques	18 19.72	death is said
7. AGE Years Months	ways If LESS'than	To have occurred on the date state	above at 19	40.m.	, 0001111111111111111111111111111111111
619	I day,hrs.	The PRINCIPAL CAUSE OF DEAT were as follows:	TH and related cause	es of importance	
8. Trede, profession, or particular	7	word as follows:	\bigcirc		Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	assell.	Carcana	e / Vs	state	•
Industry or business In which work was done, as SILK MILL,		and follow	24_		1931
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business In which work was done, as STLK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (month and	11. Total time (years)				
this occupation (month and year)	spent in this occupation				
12. BIRTHPLACE (city or town) Salis	land	Other Coatributory Causes of impo	ortence:		
(State or country)	1 ma	Mahele	~		1928
13. NAME Orlan	da L. Milla				
13. NAME Orland	lishing Mid	Name of operation		Date of	
(State of country)		What test confirmed diagnosis?	A -	Was there an au	a'opsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	a Longy	23. If death was due to externel cau	uses (VIOL ENCE) fil	in also the following:	
[16. BIRTHPLACE (city or town)	alestration	Accident, suicide, or homicide?		Date of Injury	, 19
(State or country)	of fuel.	Where did injury occur?	(Specify city or	town, county and State	,
17. INFORMANT Mrs. T. Moren	ce to Mille.	Specify whether injury occurred in	n INDUSTRY, in HO	ME, or in PUBLIC PLA	ĆE.
(Address) Salis 18. BURIAL, CREMATION, OR REMOVAL	chay May 200m				
Place Odrsons, Cem.	Oate runes 10 1932	Manner of Injury			
90. 4:10	& Deshare De				
19. UNOERTAKER / TALL (Address)	John Co	24. Was disease or injury in eny w	ay related to occupa	ition of deceased?	
9 22	The state of the s	(Signed)	cles 7	3un	/ M D
20. FILEO JUNE 1, 19 3	Registrar.	(Address)	alest	Zen Zen	20
If more bl	anks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Re			7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	111491,1000	The state of the s	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are noded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

BINDING

FOR

RESERVED

MARGIN

E. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
35.77			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH		(95°)
County Willer	100	Registration Dist. No. 337
Village or City	1/ - 1 -	NoSt., f death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?mosmos
2. FULL NAME Smile (a) Residence; No.	esterville (Usual place of abothe)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (0ay) (Ye
5a. If married, widowed, or divorced	- sange	
-HUSBANO of (or) WIFE of		22. I HERESY CERTIFY, That I attended decease
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than 1 day,hrs.	I last saw h alive on, 19, 19; death to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	7///Lehanik	Devd when found
12. BIRTHPLACE (city or town) (State or country)	spent in this 10 41s activate elfo	Other Contributory Causes of importance: Delatestion of Heart
13. NAME 14. BIRTHPYACE (city or town) (State of country)	elegrifle	Name of operation
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stata or country)	Williams Del.	Accident, suicide, or homicide?
17. INFORMANT Mrs. John (Address)	2 May	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Seafer A Sel	Dail June 1519 13 3	Manner of injury
19. UNDERTAKER Afralle (Address)	Mesich & Sons	24. Was disease or injury in any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address) - Wentero Re

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06957
1. PLACE OF DEATH	(131)
County Hecomico	Registration Dist. No. 333
Village or City Saliston, Marsland	No. 415 Carro dur arc St., / 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sarah, K. Otd	
(a) Residence: No. Tyneshing M. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR MYORCEO (write the word) Sa. If married, widowed, or divorced	21. DATE OF DEATH Month) (Day) (Year)
HUSBAND OF Late Robert E. Old	22. Chory 2/ 1997 to That I attended deceased from
6. DATE OF BIRTH (month, day, and year) and year, 30, 1848 7. AGE Years Months Days If LESS than 1 day, hrs. or	I lest saw h delive on to have occurred on the date stated above, at 5.45.2 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Oato deceased last worked at this occupation (month and spent in this	Palrulas discone
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance:
13. NAME Seorge Alemillion 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sarah Watta 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Mes, Carrier Wante (Address) 415 Canada are, Sabehus Ma	23. If death was due to external ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
18. BURIAL, CLEMATION OF REMOVAL PLOS JACKS NO. Date un 243, 1932	Manner of injury
19. UNDERTAKER Hollowoft Co. (Address Saliston) Maryland	24. Wes disease or Injury In any way related to occupation of deceased?
20. FILED June 17,133 V. May June Registrar.	(Signed) M. J. (Address) M. J.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms. so that it may be properly classified. Exact statement of OCCUPA. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(82-a)
County Wecomics	Registration Dist. No. 332
Village or City Yowellwille	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME John Henry Park	er.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
male white OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy Q. Parker	22. 1 HEREBY CERTIFY. That I attended decessed from September 193/ to fate I deaths
6. DATE OF BIRTH (month, day, and year) Office 13, 1864	I lan saw h L M. alive on June 9 th 193 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
68 / 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence
8 Trade profession or particular	were as follows: Helbertenaian Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	O Varterioschlewsis
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Cirebral hemarrhage June 6,32
SAW MILL, BANK, etc	
O this occupation (month end year)	
mandand	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME JOLAN S. Parles	
13. NAME John J. Parker. 14. BIRTHPLACE (city or town). Maryland.	Name of operation Date of
L (State or country)	Whet test confirmed diagnosis? Classical Was there an autopsy?
15. MAIDEN NAME Matilda E. Brittingham	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Matilda E. Brittingham 16. BIRTHPLACE (city or town) - Maryland	Accident, suicide, or homicide? Date of injury 19
∑ (State or country)	Where did injury occur2.
17. INFORMANT Ms, John H. Parker.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Farlow Curding Date bue 11, 19.32.	Nature of injury
19. UNDERTAKER J. W. Burbage. (Address) Berlin, and.	24. Was disease or injury in any way related to occupation of deceased? 700
20. FILEDJESSE 17. 1982 Leland J. Truett Registrar.	(Signed) Trank of surve M. D. (Address) Melands me
If more blanks are needed, address State Resistrar	2411 N Charles Street Relaimage Paguesting 91 S No -

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than 1 day, hrs. 1 day, hrs. 1 hrs. 1 day, hrs. 1 hrs.	
Length of residence in city or town where death occurred yrs mos. 2. FULL NAME of Long Payers (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word) (or) WIFE of 5. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than I day, hrs. or min. 8. Trade, profession, or particular word was done, as SPINNER, SAWYER, BOOKKEPFER, etc. 9. Jindustry or business in which work was done, as SPINNER, SAWYER, BOOKKEPFER, etc. 9. Jindustry or business in which work was done, as SPINNER, SAWYER, BOOKKEPFER, etc. 9. Jindustry or business in which work was done, as SPINNER, SAWYER, BOOKKEPFER, etc. 9. Jindustry or business in which work was done, as SPINNER, SAWYER, BOOKKEPFER, etc. 9. Jindustry or business in which work was done, as SPINNER, sawyer was done, as SPINNER, sawyer as follows: 9. Jindustry or business in which work was done, as SPINNER, sawyer as spin in this occupation (month and Z 3 spin in this occupat	33
2. FULL NAME (a) Residence: No. Local Control of State C	War
(a) Residence: No.	d
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 6. DATE OF BIRTH (month, day, and yeer) 7. AGB Years Months Days If LESS than to have occurred on the date stated above, at. 10 mm. 1 day, hrs. or min. 8. Trade, profession, or particular kind of work doma as SPINNER, SAW MILL, BANK, etc. 9. jndustry or business in which work doma as SPINNER, SAW MILL, BANK, etc. 10. Date deceased last worked all min spent in this occupation (month and 23 spent in this year) 19. 32 to 10 have occurred on the date stated above, at. 10 mm. Date of BIRTH (month, day, and yeer) The PRINCIPAL CAUSE OF DEATH end related causes at importence were as follows: O Date of deceased last worked at 11. Total time (years) spent in this occupation (month and 23 spent in this occupation) (State or country) D Description of town) Carafacturan (State or country) D Description of the date stated above, at. 10 mm. The PRINCIPAL CAUSE OF DEATH end related causes at importence were as follows: O Dither Contributory Causes of Importance: D Dither Contributory Causes of Importance:	
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OR DIVORCED (partie the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 23 spent in this occupation (month and 23 spent in this occupation (month and 23 spent in this occupation) (State or country) Our Bankard. 10. Date deceased last worked at this occupation (month and 23 spent in this occupation) Other Coatributory Causes of Importance:	William William
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than I day, hrs. or min. 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOUKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Yaureurk 10. Data deceased last worked at this occupation (month and 13 spent in this year) - 19.3 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 Year)
(or) WIFE of S. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. B. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Yaureless SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and Z 3 spent in this occupation (month and Z 3 coccupation) (State or country) Carabana 11. Total time (years) spent in this occupation Dither Contributory Causes of Importance:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and 23 spent in this occupation (month and 23 cocupation (State er country) Canada and the stated above, at. 10.0 m. The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows: 11. Total time (years) spent in this occupation Deter Contributory Causes of Importance:	sed from
AGS Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOUKKEEPER, etc. 9. Jindustry or business in which work was done, as SILK MILL, Yaureur A. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 23 coccupation) Company of the contributory Causes of Importance: Date of the principal on the date stated above, at. 10 - 20 m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: Date of the principal on the date stated above, at. 10 - 20 m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: Date of the principal on the date stated above, at. 10 - 20 m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: Date of the principal of the principal on the date stated above, at. 10 - 20 m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: Date of the principal on the date stated above, at. 10 - 20 m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: Date of the principal on the date stated above, at. 10 - 20 m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: Date of the principal on the date stated above, at. 10 - 20 m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: Date of the principal on the date stated above, at. 10 - 20 m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: Date of the principal on the date stated above, at. 10 - 20 m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: Date of the principal on the date stated above, at. 10 - 20 m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: Date of the principal on the date stated above, at. 10 - 20 m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were as f	th is sai
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Jindustry or business in which work was done, as SILK MILL, Hanseurck 10. Date deceased last worked at the spent in this occupation (month and 23 spent in this occupation) 11. Total time (years) spent in this occupation (month and 23 spent in this occupation) 12. BIRTHPLACE (city or town) Archivacura (State or country) Archivacura (S	11 12 201
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Jidustry or business in which work was done, as SILK MILL, Y-danselund SAW MILL, BANK, etc. 10. Data deceased last worked alt with soccupation (month and 23 spent in this occupation (month and 23 occupation) 11. Total time (years) spent in this occupation (month and 23 occupation) Dither Contributory Causes of Importance: (State or country) Canada Causes Additional Contributory Causes of Importance:	
2. BIRTHPLACE (city or town) Curphy Causes of Importance: (State or country) Curphy Causes of Importance:	olonse
2. BIRTHPLACE (city or town) Curphy Causes of Importance: (State or country) Curphy Causes of Importance:	
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2. BIRTHPLACE (city or town) Curchascus (State or country) Curphascus (State or country)	
(State or country) Cur Brace ANDONAL	
13. NAME 14. BIRTHPLACE (city or town Dans Lawrence Manne of operation Date of	2
14. BIRTHPLACE (city or town Date of Date of	
Tani Din thi croc (on) or town / A Date of Date of	
(State or country) What test confirmed diegnosis? Was there an aulops	y?
15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Oles Brown Accident, suicide, or homicide? 17. State or country of the following:	19
Where did injury occur?	
(Specify city or town, county and State) 7. INFORMANT Specify whether injury occurred in industry, in HOME, or in PUBLIC PLACE. (Address 11) Pine + Comband & 2nd	
8. BURIAL, CREMAJION, OR REMOVAL Manner of injury	
Place Comben algele la Date fund 27, 19.3.2 Nature of injury	
9. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased? [Address] 6 onlines 6 of the control of	
20. FILED June 2/1932. I May Turner (Signed) (Address)	/M.

CEDTICIOATE OF DEATH

CTATE OF HADVE AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial neghritis CEIVE	1921	Run over by street ear	1 week ago
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JÜL 6 1932			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN

KENE	G INK	GE she	hat it
MARGIN KESE	NFADIN	plied. A	rms, so 1
MA	TTH U	mation should be carefully supplied. AGE she	plain te
	NLY, W	be caref	ATH in
)	E PLAI	plnods	OF DE
V. S. No. I	N. B.—WRITE PLAINLY, WITH UNFADING INK	mation	CAUSE OF DEATH in plain terms, so that it
żi.	ż	1	1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	20 112
county wit mico	Registration Dist. No. 999
Village or City Dalisbury	No. Lubriculoris Santorium St., 13 Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) s
el e e e	P
2. FULL NAME enge Washington	Rayne B. O M.
(a) Residence: No.	St., Ward. If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIYORCED (write the word)	pune 17 193 ~
mace	(Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY Thet I attended daceasad from
(4) //// 4	april 4, 1931, 10 June 17, 1933
6. DATE OF BIRTH (month, day, and year) May 22, 1917	i last saw h. Am aliva on free 17 , 1937; death is sald
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, atm,
20 26 1 day,hrs.	THE PRINCIPAL CROSE OF DEATH end related Gauss's of importance
8 Trade profession or particular	wera as rollows:
SAWYER, BODKKEEPER, etc.	Pulin may tutusulous Here,
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	7.7
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
this occupation (month and / /) appoint in this / O aff	
	Other Contributory Causes of importance: Intestinal lister cul ne
12. BIRTHPLACE (city or town) Mary Caul	Intestinal luty cul ses
(State or country)	
13. NAME Levy 16. Kayne 14. BIRTHPLACE (city or town). Maryland	
14. BIRTHPLACE (city or town) Maryland	Name of operation Data of
(State of Country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME ad fie Commons 16. BIRTHPLACE (city or town) (State or country)	23. If daath was dua to external causes (VIDLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did Injury occur?
17. INFORMANT Leginge 16. Kayne	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
(Addrass) Berlin, Mg.	
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Musical Mater Mus 4199	Natura of injury
19. UNDERTAKER St. Bushage -	24. Was disease or injury in any way related to occupation of deceased?
(Address) Rentino MS	If so, spacify
20. FILED Sune 17, 1932. Co. May Jum	(Signed) Chas D. Sheriskey M. C
Registrar.	(Addrass) Show the say
If more blanks are needed, address State Revistrar	2477 N. Charles Street Baltimore Requesting T. S. No. 1

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Chronic interstitial neph	rilis	1921	Run over by street car 1		
Cerebral hemorrhage	BUREAUVS	July 5,1927	Peritonitis	3 days ago	
	Employance A some				
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
	uses of importance:	May 1,1923		1 y	

1. PLACE OF DEATH County Tributed No. Village or City No. Length of residence in city or town where death occurred yes. Length of residence in city or town where death occurred yes. (If death occurred in a horpital or institution, give its NAME instead of street and au How long in U. S. if of foreign birth? 2. FULL NAME (a) Residence: No. (Usual place of plode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (wrife the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years MOnths PRegistration Dist. No. St., No. (If death occurred in a horpital or institution, give its NAME instead of street and au How long in U. S. if of foreign birth? yrs. MEDICAL CERTIFICATE OF DEATH (Day) 21. DATE OF DEATH (Day) 1 HER EBY CERTIFY, Thet I attended de 19 10 10 10 10 10 10 10 10 10 10 10 10 10	
Village or City No. (If death occurred in a hospital or institution, give its NAME instead of street and au Length of residence in city or town where death occurred. (a) Residence: No. (b) All June 1 (a) Residence: No. (Usual place of glood) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE (Usual place of glood) (Usu	20
(If death occurred in a hospital or institution, give its NAME instead of street and stu Length of residence in city or town where death occurred yrs	33
Length of residence in city or town where death occurred yrs	Ward
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (verife the word) Fig. 1 and 1 and 2	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (respective word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) 7. SINGLE, MARRIED, WIDOWED, OR DIVORCED (respective word) 7. DATE OF DEATH 7. DATE OF DEATH 7. DATE OF DEATH 7. DATE OF DEATH 7. Day) 1. Liast saw h. alive on	tale
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of CERTIFY, Thet I attended de (b. DATE OF BIRTH (month, day, and yeer) 6. DATE OF BIRTH (month, day, and yeer) 10 OR DIVORCED & write the word) 11 Month) 12 Obay) 22. I HEREBY CERTIFY, Thet I attended de (b. DATE OF BIRTH (month, day, and yeer) 13 OR DIVORCED & write the word) 14 Obay) 15 Obay Obay Obay Obay Obay Obay Obay Obay	
HUSBAND of (or) WIFE of 22. I HEREBY CERTIFY, Thet I attended de 19 1 dest saw h	193 <u>2</u> (Year)
1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	death Is said
8 Trade profession or perticular	4/10/3
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and July 1922) year) 11. Total time (yeers) spant in this occupation (month and July 1922) occupation	
12. BIRTHPLACE (city or town) White Haven Other Contributory Causes of importance:	
13. NAME Seo. W. Robertson	
14. BIRTHPLACE (city or town) Date of Operation	
What test confirmed diagnosis? Was there an au	topsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE (Address)	, 19
18. BURIAL, CREMATION, OR REMOVAL Place Live Maj Date June 9, 19.32 Neture of injury	
19. UNDERTAKER Are lied by suite of deceased? (Address) 24. Was disease or injury in eny was related to scupation of deceased? If so, specify	
20. FILED June 8, 1932, & May Junes (Signed) (Address) (

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u>(31)</u>
County Musnies	Registration Dist. No 333
Village or City Saliabury	Not 317 Signal Ward death occurred in a horbital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 1/3 yrsmos.	ds. How long in U. S. if of foreign birth?mosds.
2. FULL NAME MARY and Seath	
(a) Residence: No. 317 dight	St., /3 Ward.
/ (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Genale Still OR DIVORCED ("write the word)	Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Janes Seath	1 HEREBY SERTIFY. That I attended deceased from
// na 1 - 10/0	(May 10 June 10 10)
6. DATE OF BIRTH (month, day, and year) / March 15, 1844 7. AGE Years Months Days If LESS than	I last saw hand alive on the date stated shove at 3 pm m
93 9 18 I day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation (months and	Wilhal minones 5/10/2
9. Industry or business in which work was done, as SILK MILL,	J. J
SAW MILL, BANK, etc.	
10. Date deceased lest worked et this occupation (month and year)	7-2-3
12. BIRTHPLACE (city or town) My 1	Other Contributory Causes of Importance:
(State or country)	Willia Allinair
13. NAME Janes Keiludson	Chime Hephrets
13. NAME ANEO MULALASAN 14. BIRTHPLACE (city or town) / //	Name of operation Date of
(State of country) / Charles	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (ausa) / Dawer) 16. BIRTHPLACE (city or town) - Am.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) AM	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur?
17. INFORMANT J. Janus, Jeho	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) falishuy, M.	
18. BURIAL, CREMITION, OR BEMOVAL Place Sales hand, M.A. Date 6/15/3/19	Manner of injury
Place Sale VIII 19	Nature of Injury
19. UNDERTAKER IL SHELL A STAGET CO.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Salialumy MA	If so, specify
20. FILED June 1935 & May June 18 Registrar.	(Address) African M.D.
	1411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year



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item

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car .* .*	1 week ago
July 5,1927	Peritonitis	3 days ago
and glass		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	<i>b</i>	
	1915 1921 July 5, 1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car Luly 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE 1	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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* STATE OF MARYLAND—	CERTIFICATE OF DEATH	SCP.
1. PLACE OF DEATH	163	304
County Thionico	Registration Dist. No. 33	3
Village or City Salis hung	No. Terinale Gerecal Hospital St.	13 Ward
	death occurred in a hospital or institution, give its NAME instead of street and	d number)
Length of residence in city or town where deeth occurredyrsmos	ds. How long in U.S. if of foreign birth?yrs	mosds.
2. FULL NAME (MMAN) Hangley In	M. hand mel	
(a) Residence: No. //Llew - Local (Usual place of abode)	St., Ward. // Mard. If nonresident give city or town as	16
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	nd State
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
Male) This OR DINORCED (write the word)	June 5	., 193 7
5e. If merried, widowed or divorced HUSBAND of	(Month) (Day)	(Year)
(or) WIFE of HULLA) N. FRICK	22. HEREBY CERTIFY. Thet I ettende	d deceesed from
bok 10 1000	10 To 11 10 5	7
7. AGE Years Months Days If LESS then	4. 1	Zedeath is seld
3-3 8 1/5 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence	
8. Trede, profession, or particular	were as follows:	Date of onset
sawyer, Bodkkeeper, etc. List Turapal		1/32
9. Industry or business in which		
work wes done, es SILK MILL, SAW MILL, BANK, etc		
10. Dete decessed lest worked et this occupetion (month end. 5/3//37) 11. Total time (yeers) spant in this occupetion.		
ha a a	Other Contributory Causes of importance:	1,,
12. BIRTHPLACE (city or town) (State or country)	den Gelenchanahin	- 19/2/5 m
	Jeffer 5	
E Courte of Courte		
14. BIRTHPLACE (city or town) (Stete or country)	Neme of operation Dete of Whet test confirmed diagnosis? Alaster Was there en	
E 15. MAIDEN NAME (Mail) Theatler	Whet test confirmed diegnosis? Was there en 23. If deeth was due to externel ceuses (VIOL ENCE) fill jo also the following	
15. MAIDEN NAME (MAL) Theatley 16. BIRTHPLACE (city or town) My	Accident, suicide, or homicide? Jacob Bete of injury le	12 10 30
Stete or country) / Muyland	Where did injury occur? Lefane Just	
17. INFORMANT MISS. Wilda Mr. Saist	(Specify city or town, county and St Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC P	ate) LACE.
(Address) Nellion, Mid.	of forgh	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Jala followhy	*
Place / 1888 / 19	Neture of Injury	
19. UNDERTAKER ILG KULL X STERLEY O.	24. Was disease or injury in any way related to occupation of deceased?	110
(Address) Saliahung M.	If so, specify	
20. FILED MILE, 1932 & May June	(Signed)	M. D.
Registrar.	(Address)	

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Pate of onset 1 week ago 1 week ago
1 week and
3 days ago
1 year
1 gour

N. B.

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(131)
County Wie ween	Registration Dist. No. 333
Village or City Salis brun, Wel	ND. Plus Seuce to Some South
Length of residence in city or town where death occurred	and a manager of annual contraction of the contract
2. FULL NAME (Altrid & Yay)	
(a) Residence: No. Daysous Ster	Cy St., Wilder
(Usual place of abody)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX COLOR OF RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH LUNG 57 193 5 2
5a. It merried, widowed, or divorced	
(or) WIFE of the Barreys & Martha Is	22. I HEREBY CERTIFY, That I ettended deceased from
1100 104-11	In the 1 19 2 20 June 2 1935
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw his alive on
7. AGE Years Months Days If LESS than t day,hrs.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
Ormin.	were as follows: Datastonset
8. Trede, profassion, or particular kind of work done, as SPINNER Suck Makes SAWYER, BODKKEEPER, etc.	lerebra humming 6/27/
9.4 Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER SAWYER, BODKKEPPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end year) year) vear)	
Q. L.	Other Coutributory Causes of importence:
12. BIRTHPLACE (city or town) The Control of (State or country)	ale Stelman
	Il Det Wellerte
The state of the s	//www.om//
(State or country)	Nama of operation Date of
	What tast confirmed diagnosis?
	23. If daath was due to external causas (VIOLENCE) fill in elso tha following: Accident, suicida, or homicide?
E (State or country)	Where did Injury occur?
17. INFORMANT Cologo Tay Rou, Ptil	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	9
Place Darette Charfipata 1/9 8, 193	Manner of injury
14B Wisland	24. Was disease or Injury In any wey railabed to occupation of dacaesed?
19. UNDERTAKER (Address) Willston De	If so, spacify
1 1 29 July 1	(Signed)
20. FILED JULIU 0,190 J. V. May Juliu Registrar.	(Address) July Lung My
If more blanks are noticed address State Reviewa	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis ! R g - ()	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU v a			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

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of OCCUPA-

1. F

2. F

5a. If m (0

6. DAT 7. AGE

OCCUPATION

10.

12. BIR

FATHER 13. 14.

MOTHER

15.

17. INFO

19. UNDERTAKER

20. FILED

(Addrass)

STATE	OF MARY	LAND-	CERTIFICATE OF DEATH
LACE OF DEATH			(154)
County Wicopin	CP		Registration Dist. No. 333
Village or City Sali	Muy		Na Ten yen Rospital 13 Ward
Length of residance in city or town whe	ere death occurred	, (If vrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foralgn birth?
ULL NAME Para	11/1/11/) Tan	As a second of the second of t
	and all	10 1	
(a) Residence: No. AJALL	(Usual place of	abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIS	STICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH
rale While	5. SINGLE, MARRI OR DIVORCED	(write the word)	21. DATE OF DEATH June 25-, 193 2 (Month) (Day) (Year)
arriad, widowad, or divorcad			
r) WIFE of			22. HEREBY CERTIFY, That I attended, deceased from
E OF BIRTH (month, day, and year)	Hel &	2. 1920	I last saw h wattre on Just 2 19 3 death is said
Years Months	Days	If LESS than	to have occurred on the date stated above, et 3:30 m.
12 4		1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1-		Date of onest
Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	-		Infection from est. Ower D D
Date dacaased last worked at this occupation (month end year)		e (years) in this ation	discretion: 10 days,
THPLACE (city or town) fas (State or country) account	ley o	Va.	Other Contributory Causes of importence:
NAME Washin	Catowo	Taylor	- Mungare
BIRTHPLACE (city or town)	Comac	As.	Name of operation Sequential of drawing 11-32
MAIDEN NAME Plipal	It mi	sland	What test confirmed diegnosis? Was there an europsy?
BIRTHPLACE (city or town)	C SO MILL	1000	23. If death was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(State or country)	Ta.		Where did injury occur?
ORMANT AND COMMAND	aylor	2. 9.	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
Hearns	- Meneral	L. Va.	

If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1./

Registrar.

Manner of injury Nature of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, ete.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: ECEIVED Arleriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance:

Gallstones		May 1,1923	Gastroenteritis	1 year
	ADDITIONAL	SPACE FOR FURTH	ER STATEMENTS BY PHYSICI	IAN

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) should be used only when needed. additional line is provided for the latter statement : it nature of the Lusiness or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary Jircman, it. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Statement of Occupation-Precise statement of oc-Housemaid, etc. to report household only (not paid Housekeepers who receive a Physician, Compositor. Architect, Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day specifically the occupations of persons en-For persons who have no occupation (a) the kind of work and also (b) the If the occupation has been changed Salesman. Locomotive engineer, As examples : c (irovery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diselse. Framples: Cerebrospinal fever (the only definite synonym is "indemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup", Typhoid fever (never report "Typhoid Pneumonia":

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. Example: Measles (disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, cyrbolic acid-probably suncide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all " Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptom causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tujnor" for malignant neoplasms); inges, peritonaeum, etc., approved by Committee on Nomenelature telanus) may be stated under the head of "contributory as fracture of skull, and consequences (e.g., sej sis, acoident; Revolver wound of head-homicide; Poisoned by (secondary or intercurrent) Whooping . cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-"" "Weakness," etc., when a definite disease ChronicCarcinoma, etc. The contributory affection need not be valvular heart disease; Sarcoma,, etc., of

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. . : he duta is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1			MARGIN RESERVED FOR BINDING	RES	ERVE	Q	FOR	BINDIN	5	
M-S-X	NBWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOF	WITH	UNFADIA	NG IN	IK-TE	SII	IS V E	ERMANI	ENT	RECOF
mat mat	mation should be carefully supplied. AGE should be stated EXACTLY. PHY	efully s	upplied.	AGE &	plnous	pe :	stated	EXAC	LLY	. PH
CA	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact	in plain	terms, so	that i	t may	pe 1	properl	y classific	ed.	Exact
TIC	TION is very important. See instructions on back of certificate.	ant. Se	e instructi	ons or	1 back	of c	ertifica	te.		

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Thecomico, Penins	lie General Hopik/Registration Dist. No. 333
Village or City Salisbury	No. St., Sward death occurred in a hospital or institution, give its NAME instead of street and number)
//4	death occurred in a hospitation institution, give is 1474/412 instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME Emma Ward	
(a) Residence: No. J. B. Pasons Home (Usual place of abode)	St., 9 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last sawin alive on 6/2 4/ 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm,
6740 0 16 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession or particular kind of work doma, as SPINNER, SAWYER, BOOKKEEPER, etc.	Signisid
9. Industry or business in which	Carrier of Agents
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
1D. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation occupation.	
12, BIRTHPLACE (city of town) Don't know	Other Contributory Causes of importance:
(State or country) Pennsylvania	Succession St. President
13. NAME Jours Ward	
14. BIRTHPLACE (city or town) Pont know- (State or country) Rennsulvanca	What test confirmed diagnosis? Less reflections Was there an autopsy? Les
15. MAIDEN NAME ROXNANNA Huatt	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Don't Anoth	Accidant, suicide, or homicide? Data of injury, 19
(State or country) New York	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Mars. Jonia To. Shockley (Address) Salisburg, marsland	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Gesley: Cepa. Date frety 1, 1932	Nature of injury
19. UNDERTAKER THE HILL FORMOUN, CO. (Address) Salis Alis Man and	24. Was disease or injury in any way related to occupation of decaased?
20. FILED July 1, 1932 & Mary Junes	(Signed) Olseway Further M. D.
Registrar. If more blanks are needed, address State Registrar.	(Address)
ij more planks are needed, address State Kegistrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	į	Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RHEFER TO			3.0
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE F	R FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH Wicomics	1/1/
County Verymonted Jenfes	Registration Dist. No. 333
Village or City Later Aug May	No. St., 13 Ward
Length of residence in city or town where death peturredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME French Hell	
(a) Residence: No. Place He	laun who
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY that I attended deceased from
5. DATE OF BIRTH (month, day, and year) Man P/S 7H	I last saw here alive on Level 27 193 Z death Is said
AGE Years Months Days If LESS than	to have occurred on the date arated above, at 6.30/m.
3-8 l lday, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	sufermal plenning Date of onset
SAWYER, BODKKEEPER, otc.	134
9.4hdustry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	001
10. Date deceased last worked at 11. Total time (years)	Che hugacaids huly
this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (city or town) Sebulae	Other Captributory Causes of importance:
(State or country)	
13. NAME Upped Hell	Like a A
(State or country)	Name of operation. Date of Sulf 1973
5 15. MAIDEN NAME //executives ?	What test confirmed diagnosis? Was there an autopsy
0	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)	Where did injury occur?
7. INFORMANT Lease Venuales	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, DR REMOVAL Place Alums Del Date Lune 2 91932	Manner of injury
Place 1 1952	Nature of Injury
9. UNDERTAKER 10. Son August Dons (Addiess)	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED June 271632. V. May June Registrar.	(Signed) M. D. (Address) Address
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA-

B ż

STATE OF MARYLAND—CERTIFICATE OF DEATH	06970
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1. PLACE OF DEATH	23
County Miconico	Registration Dist. No. 333
Village or City W. aller	Ala .
4./	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 30 yrs.	mosds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Janes Caward His	ney
(a) Residence: No. Mr. aller	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the wor	(d) June 30, 193 V
5a. If married, widowed, or divorced	(Month) (Day) (Year
(or) WIFE of Bernstine Hibrey	22. I HEREBY CERTIFY, That attended deceased 5/6/32,19,19,106/8/32,19
8. DATE OF BIRTH (month, day, and year) Jell. 70, 190 V.	I last saw h alive on 6 / 8 / . 32
7. AGE Years Months Days If LESS th	
30 4 10 1 day,min	were as follows.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Bulannang lectriculoso Dato of o
kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc. 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10, Date deceased last worked at this occuration (months and the state of the second	
10. Date deceased last worked at this occupation (month and Will 1432 11. Total time (years) spent in this year)	1416
12. BIRTHPLACE (city or town) Must for for country)	Other Contributory Canses of importance:
13. NAME Thomas James Thibrey	
13. NAME Thanks James Hubrey 14. BIRTHPLACE (city or town) (State or country) Mauland	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME SALAS CENTS PERIS	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Sund Cern Peters 16. BIRTHPLACE (city or town) - My 1	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
7. INFORMANT Jonas Janes Ishiliyey	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place allew, md. Date 7/7/37, 19	Nature of injury
9. UNDERTAKER ILG DUIL A Playor G., (Address)	24. Was disease or injury in any way related to occupation of deceased?
10. FILED July 2 19 32 1 Tray Jun	(Signed) (Address)
A Registra	strar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitud nephritis 1.921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Every

RECORD.

BINDING

FOR

RESERVED

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carefully

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-WRITE

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I The principal cause of death and related causes Date of onset of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	6 932	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	CHAU V.	July 5,1927	Peritonitis	3 days ago	
	- A - W				
Other contributory causes of impo	ortance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
]		2	

ADDITIONAL S	SPACE FOI	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County///lonels	CERTIFICATE OF DEATH
n = n + 1	Registration Dist. No. 333
Village or City Salesbury (No. KW. H/,	St.: 9 Ward) (If death occurred In a hospital or institu-
2FULL NAME Ytelliam Seorge /	billey, stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH Queles 31 1870	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw hamalive on Africal 26 th, 199 2
7 AGE If LESS than	and that death occurred on the date stated above, at 3 2 m.
10 97 Iday hrs.	The CAUSE OF DEATH * was as follows:
gyrs. 10 mos. 4 ds. or min.?	Some Sanoua (fellow
8 OCCUPATION (a) Trade, profession or particular kind of work	Somony, Center B.
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Durstion) yrs. mos. ds.
B BIRTHPLACE (State or country) Maculaced	2500 C. of bloody fluid aspire the purations of the de de.
10 NAME OF Scorge W. Willey	(Signed) M. D.
M II BIRTHPLACE	1923 2 (Address)
OF FATHER (State or country) 12 MAIDEN NAME	*State the Usease Causing Death, or, in duaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Macy Exposurelle	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place in the
(State or Country) / Manyland.	of deathyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Polas H. Willer:	Former or usual residence
(Address) Salishupt, Mil.	Chanty Church an June 29, 1932
15 Filed June 28 19232 V. May Turn Registrar	20 UNDERTAKER JADDRESS MA
If more bienks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton should be used only when needed. As examples: (a) nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, household only (not paid Housekeepers who receive a ;" etc., report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation mill; (a) Salesman. 6 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age, "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJULY Whooping American Medical Association.) (Recommendations on statement of cause of death cough; Chronic Example: Measles (disease etc. The contributory affection need not be valvular Nomenclature heart disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDIN

FOR

RESERVED

MARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
and the same of th			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year